



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

<b>PLAINTIFF</b> UNITED STATES OF AMERICA		<b>COURT CASE NUMBER</b> 05-10203-RWZ	
<b>DEFENDANT</b> Mario Viana		<b>TYPE OF PROCESS</b> Preliminary Order of Forfeiture	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Dana Alan Curhan		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 101 Arch Street Suite 305 Boston, MA 02110		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the aboved name individual by certified mail return receipt requested.  NES x3280			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100  Date 8/22/2006
SIGNATURE OF PERSON ACCEPTING PROCESS: 			Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  Date
I hereby Certify and Return That <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS BELOW	
		Signature, Title and Treasury Agency Mary Lou Gilman Forfeitures Specialist, U.S. Customs and Border Protection	
<b>REMARKS:</b> The above described Order was served by certified mail. Copy of cert. mail form (7001 2510 0003 4299 8854) is attached. Mailed on August 25, 2006. Postal records indicate delivery/receipt on August 27, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

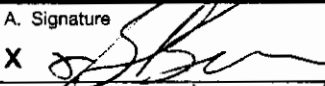
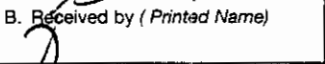
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**BOSTON MA 02110**

Postage	\$ 00.87	0114
Certified Fee	\$2.40	08
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 05.12</b>	<b>08/25/2006</b>

Sent To  
Dana Alan Curhan  
Street, Apt. No.,  
or PO Box No. 101 Arch St. Suite 305  
City, State, ZIP+4  
Boston, MA 02110

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front, if space permits.</li> </ul> <p>1. Article Addressed to:  Dana Alan Curhan  101 Arch Street  Suite 305  Boston, MA 02110</p>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 8-27-06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:</p>
2. Article Number (Transfer from service label)	3. Service Type
7001 2510 0003 4299 8854	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

26050401 00017901